

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

33617

4193

BIRTH NO. <u>64252-50</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4193</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>				d. STREET ADDRESS (If rural, give location) <u>1213 East 16th ; 2nd fl. E.</u>			
3. NAME OF DECEASED (Type or Print) <u>INFANT</u>		a. (First)		b. (Middle)		c. (Last)	
						<u>MAXWELL</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 16 1950</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>AUGUST 9 1950</u>		9. AGE (In years last birthday) <u>7</u> UNDER 1 YEAR <u>7</u> MONTHS <u>7</u> HOURS <u>7</u> MIN.	
11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>--</u>		13b. MOTHER'S MAIDEN NAME <u>GLADYS MAE RASPBERRY</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GLADYS MAE MAXWELL 1213 E. 16th St</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FETAL ATELECTASIS</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PREMATURITY (3 lbs)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>76</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-9-</u> , 19 <u>50</u> to <u>8-16</u> , 19 <u>50</u> that I last saw the deceased alive on <u>8-16</u> , 19 <u>50</u> and that death occurred at <u>10:30A</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Frank</u>		23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>8-25-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-6-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Heads Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Jackson MO</u>	
DATE REC'D BY LOCAL REG. <u>10-4-50</u>		REGISTRAR'S SIGNATURE <u>E. Frank</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. A. Lamm</u>		ADDRESS <u>K. C. MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Wm. A. Schreyer

Signed.....
Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address *F. E. MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.